## City of Tempe Fall 2015 K-8TH Youth Hoops

## \*Non-Tempe Residents are Always Welcome\* Grades are based on Fall 2015

This program consists of practices followed	4 <sup>th</sup> -8 <sup>th</sup> Rec. Hoops:
by four (4) six (6) minute quarter games.	This program is a (7) week league consisting of Saturday games weekday evening practices.
<u>Location &amp; Dates:</u> Kiwanis Recreation Center ( <b>6111 S. Al l American Way</b> ) Sept. 19 <sup>th</sup> – Oct. 31 <sup>st</sup> (Sat. Only)	Sept. 12 <sup>th</sup> First Day Program Location & Times: Kiwanis Recreation Center (6111 S. Al I American Way) 4 <sup>th</sup> /5 <sup>th</sup> Co. Rec. 9:00am-11:00am 6 <sup>th</sup> -8 <sup>th</sup> Girls 12:00pm-2:00pm 6 <sup>th</sup> -8 <sup>th</sup> Boys 2:30pm-4:30pm
Times & Codes: Co. Rec. K-1 <sup>st</sup> : 9:00am-10:15am (Code 46279) Boys 2 <sup>nd</sup> -3 <sup>rd</sup> : 10:30am-11:45am (Code 46280) Girls 2 <sup>nd</sup> -3 <sup>rd</sup> : 12:00pm-1:15pm (Code 46281)	Game Locations & Dates: Sep. 19 <sup>th</sup> - Oct. 24 <sup>th</sup> Sat. Games Only 4 <sup>th</sup> - 5 <sup>th</sup> Co. Rec. & 6 <sup>th</sup> - 8 <sup>th</sup> Girls League: Westside Multi-Gen. Center (715 W. 5 <sup>th</sup> St.) 6 <sup>th</sup> - 8 <sup>th</sup> Boys League: North Multi-Gen. Center (1515 N. Bridalwreath St.)
Easy to Register! Mail-in or drop off Monday-Friday, 8 AM-5 PM tion Services 3500 S. Rural Rd. 2 <sup>nd</sup> Floor) 0-350-5058 (Debit or Credit payment only) 1-line: www.tempe.gov/youthsports	Game Times & Codes:  Co. Rec 4 <sup>th</sup> - 5 <sup>th</sup> (Code 46282): 11am/12pm/1pm/2pm Girls 6 <sup>th</sup> - 8 <sup>th</sup> (Code 46284) 2pm /3pm/4pm/5pm Boys 6 <sup>th</sup> - 8 <sup>th</sup> (Code 46283):1pm/2pm/3pm/4pm
August 1	Fee: \$89.00 Per Child  10 <sup>th</sup> – 16 <sup>th</sup> **Scholarships available**  **Must verify enrollment in state subsidy program  & be a Tempe resident or child attends a Tempe School
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Participant Name:	Date of Birth Age Sex
Address:	
Phone: Cell Other	School Grade (Fall 2015)
Parent's Name:Email	Previous Participant: Y N
Coach/Friend Request:	
Please Circle One: Co. Rec. K-1 <sup>st</sup> : 46279	Boys 2 <sup>nd</sup> -3 <sup>rd</sup> : 46280 Girls 2 <sup>nd</sup> -3 <sup>rd</sup> : 46281
Please Circle One: Co. Rec. K-1 : 462/9	
4 <sup>th</sup> -5 <sup>th</sup> Co. Rec: 46282	•
4 <sup>th</sup> -5 <sup>th</sup> Co. Rec: 46282	2 6 <sup>th</sup> -8 <sup>th</sup> Boys: 46283 6 <sup>th</sup> -8 <sup>th</sup> Girls: 46284 Taiver of Liability
With knowledge and appreciation of the risk of injury, I winjury while participating. I understand the City of Tempe understand that all reasonable efforts will be extended to exertion, I agree to perform the exercise at my own ability release and hold harmless the City of Tempe and any of its rights and claims for damages or costs I may have against sponsors for personal injury, death, or property damage suffits Class/Activity. I agree to look to my private physician physical limitations I might have or modifications I might participate:	diver of Liability  wish to participate in this Activity. I agree to assume the risk of personal e does not carry accident, sickness, or medical insurance for participants. It is insure my health and safety. If the Class/Activity includes any physical elevel. I fully understand the nature of this Class/Activity, and I waive and agents, employees, officers, council members, and sponsors for any and all the City of Tempe, its agents, employees, officers, council members, and fered by me, or that I may cause to others, as a result of my participation in a for medical advice and care and to notify my teacher or instructor of any need to the Class/Activity. I will require the following accommodation to younderstand the above statements. I realize this is a contract between myself
With knowledge and appreciation of the risk of injury, I winjury while participating. I understand the City of Tempe understand that all reasonable efforts will be extended to exertion, I agree to perform the exercise at my own ability release and hold harmless the City of Tempe and any of its rights and claims for damages or costs I may have against sponsors for personal injury, death, or property damage suffits Class/Activity. I agree to look to my private physician physical limitations I might have or modifications I might participate:	diver of Liability  wish to participate in this Activity. I agree to assume the risk of personal e does not carry accident, sickness, or medical insurance for participants. It is insure my health and safety. If the Class/Activity includes any physical of level. I fully understand the nature of this Class/Activity, and I waive and agents, employees, officers, council members, and sponsors for any and all to the City of Tempe, its agents, employees, officers, council members, and fered by me, or that I may cause to others, as a result of my participation in a for medical advice and care and to notify my teacher or instructor of any need to the Class/Activity. I will require the following accommodation to younderstand the above statements. I realize this is a contract between myself it of my own free will. *Photos may be taken during programs for City of

Enclosed Check # OR Signature Authorizing Charge to above number \_\_\_\_\_